

PROVIDER AND RECIPIENT GRIEVANCE AND APPEAL LOG/SUMMARY REPORT

DISTRICT (SITE):
PRIMARY CONTRACTOR:
TOTAL GRIEVANCES

QUARTER:

(ALL PATIENTS)

P-Provider R-Recipient	PATIENT/ PROVIDER NAME/ADDRESS	PATIENT MEDICAID NUMBER	DATE RECEIVED	DATE OF OCCURRENCE	COMPLAINT CODE	SITE	GRIEVANCE: BRIEF EXPLANATORY SUMMARY	RESOLU- TION CODE	RESOLU- TION SUMMARY	DATE RESOLVED	LEVEL OF GRIEVANCE

COMPLAINT CODES: A. Staff, B. Medical/MD, C. Environment, D. Billing, E. Communication, F. Time, G. Transportation, H. Other

RESOLUTION CODES: 1. Resolved 2. Unresolved--Additional action needed, 3. Unresolved--Appeal process, 4. Unresolved--Fair Hearing

LEVEL CODES: S - Standard, E - Expedited